

216020660  
99511

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 114	Agency Case No. B6-044496	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/21/2016			(In Military Time)	STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	POLICE NOTIFIED 1158	05/21/2016		
B	CITY Lincoln	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE			
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. PARKING LOT AT 4541 TRANQUILITY DR	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LONGITUDE		
8	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	8.00		X	N CURB OF PARKING LOT		
20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
20	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E	1	VEHICLE NO. 1				
F	1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	DRIVER UNATTENDED-LEGALLY PARKED	PHONE	LOCAL NO.		
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
G	2	OWNER BUDGET	PHONE 402-474-2800	LOCAL NO.		
H	5	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/O	2	LICENSE PLATE NO. UNK	YEAR 2016	MAKE Ford	MODEL MUSTANG	BODY STYLE Convertible
V2/O	2	VEHICLE 1FATP8EM6G5311163	INSURANCE COMPANY BUDGET	COLOR black	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 200	
I	7	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO. SELF	
V1/P	8	VEHICLE NO. 2				
V2/P	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
J	12	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/Q	4	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/Q	4	OWNER UNKNOWN	PHONE	LOCAL NO.		
K	01	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/R	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V2/R	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V1/S	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/S	01	VEHICLE NO. 2				
V1/T	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/T	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/U	12	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/U	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V1/V	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/V	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V1/W	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/W	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V1/X	01	VEHICLE NO. 2				
V2/X	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/Y	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/Y	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V1/Z	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V2/Z	12	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/AA	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V2/AA	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V1/AB	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/AB	01	VEHICLE NO. 2				
V1/AC	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/AC	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/AD	12	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/AD	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V1/AE	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/AE	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V1/AF	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/AF	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V1/AG	01	VEHICLE NO. 2				
V2/AG	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/AH	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/AH	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V1/AI	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V2/AI	12	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/AJ	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V2/AJ	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V1/AL	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/AL	01	VEHICLE NO. 2				
V1/AM	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/AM	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/AN	12	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/AN	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V1/AO	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/AO	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V1/AP	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/AP	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V1/AQ	01	VEHICLE NO. 2				
V2/AQ	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/AR	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/AR	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V1/AS	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V2/AS	12	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/AT	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V2/AT	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V1/AV	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/AV	01	VEHICLE NO. 2				
V1/AX	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/AX	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/AY	12	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/AY	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V1/AZ	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/AZ	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V1/BA	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/BA	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V1/BB	01	VEHICLE NO. 2				
V2/BB	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/BC	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/BC	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V1/BD	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V2/BD	12	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/BE	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V2/BE	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V1/BF	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/BF	01	VEHICLE NO. 2				
V1/BG	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BG	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/BH	12	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/BH	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V1/BI	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/BI	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V1/BJ	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/BJ	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V1/BK	01	VEHICLE NO. 2				
V2/BK	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/BL	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/BL	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V1/BL	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V2/BL	12	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
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V1/BL	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/BL	01	VEHICLE NO. 2				
V1/BL	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
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V2/BL	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V1/BL	01	VEHICLE NO. 2				
V2/BL	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/BL	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/BL	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
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V2/BL	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V1/BL	01	VEHICLE NO. 2				
V2/BL	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/BL	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/BL	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
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V2/BL	12	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
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V2/BL	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
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V1/BL	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/BL	01	VEHICLE NO. 2				
V1/BL	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/BL	12	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/BL	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V1/BL	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
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V1/BL	01	VEHICLE NO. 2				
V2/BL	01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/BL	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V2/BL	8	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V1/BL	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V2/BL	12	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
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V1/BL	4	VEHICLE ID NO. (VIN)	TOWED TO	TOWED BY	POLICY NO.	
V2/BL	01	VEHICLE NO. 2				
V1/BL	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	8	DRIVER UNKNOWN	PHONE	LOCAL NO.		
V1/BL	12	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
V2/BL	12	OWNER UNKNOWN	PHONE	LOCAL NO.		
V1/BL	4	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/BL	4	LICENSE PLATE NO. UNK	YEAR	MAKE	MODEL UNKNOWN	BODY STYLE
V1/BL	4	VEHICLE	INSURANCE COMPANY	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/BL	4	VE				

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

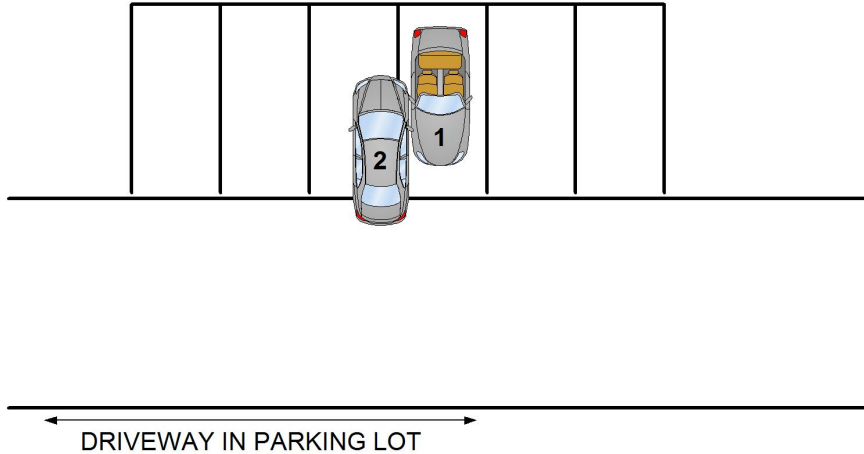
AGENCY CASE NO.  
**B6-044496**



Indicate  
North  
by Arrow

POI  
8'8 S OF N CURB OF PARKING LOT  
16'4 E OF LIGHT POLE IN FRONT OF  
4541 TRANQUILITY DR

4541 Tranquility Dr  
Parking lot



*Not To Scale*

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Consuelo Ingram DOB/8-6-76, 4541 Tranquility #20, phone# 619-246-3819, called police to report a hit and run to her rental car. Ingram said she parked the car in the parking lot at 4541 Tranquility, between 0030 hrs on 5-21-16 and 1130 hrs on 5-21-16. Consuelo said he went to leave in the vehicle when she noticed damage. Ingram said an unknown vehicle hit the side view mirror on the passenger side causing the outer molding and mirror to break off and hit the ground. No paint transfer or car parts, from the vehicle responsible, on the ground. No suspects. Vehicle 2's movement is unknown, driving forward or backward is unknown.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2			
1					PARKING LOT		VEHICLE 1		VEHICLE 2		-		-		Driver No. 1		Driver No. 2			
2					PARKING LOT		VEHICLE 1		VEHICLE 2		-		-		Y		Y			
1	10	06 Turning left				POINT OF IMPACT		03		POINT OF IMPACT		-		-		N		N		
2	13	08 Entering traffic lane				MOST DAMAGED AREA		03		MOST DAMAGED AREA		-		-		X		X		
					00 None				02				03				04			
					09 Top & windows				01				05				06			
					10 Undercarriage				08				07				09			
					11 Total (all areas)															
					12 Other															

OFFICER NO. <b>244</b>	TROOP/TEAM/BEAT <b>NW</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Court Cleland</b>		INVESTIGATOR SIGNATURE <b>Approved by Court Cleland</b>	DATE OF REPORT <b>05/21/2016</b>